

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-004607

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 7 1962

1003

1239

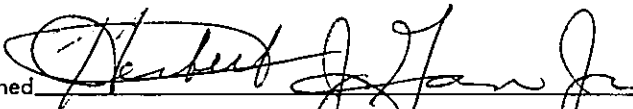
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

| | | | |
|--|---|---|--------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2524 W. Dodier St. | | d. STREET ADDRESS (If outside, give location) 2524 W. Dodier St. | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Swan John Swanson | | 4. DATE OF DEATH Month Day Year 1 27 62 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12/26/1873 |
| 9. AGE (last birthday) 88 | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Elect. Repairman | |
| 11. BIRTHPLACE (City and state or country) Sweden | | 12. CITIZEN OF WHAT COUNTRY U.S. | |
| 13a. FATHER'S NAME (unk) Swanson | | 13b. MOTHER'S MAIDEN NAME (unk) | |
| 14. NAME OF HUSBAND OR WIFE Mary Elizabeth Swanson | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. --- | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Mrs. M. Swanson 2524 W. Dodier St | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarct</u> DUE TO (b) <u>as thrombosis</u> DUE TO (c) <u>leukemia</u> 4500 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arteriosclerosis</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 1-22-62 to 1-27-62 and last saw him alive on 1-26-62 Death occurred at 3:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Robert D. Kinealy</u> | | 22b. ADDRESS 4110 W. Eldorado Ave | |
| 22c. DATE SIGNED 2-29-62 | | 23a. BURIAL (CREMATION, REMOVAL (Specify) Removal | |
| 23b. DATE 1/30/62 | | 23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis Co. Mo. | | 24. FUNERAL DIRECTOR ADDRESS Robert D. Kinealy 2228 St. Louis Ave. | |
| 25. DATE RECD. BY LOCAL REG. JAN 29 1962 | | 26. REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u> | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 4808

P. O. Address Linwood 22

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.